

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

3000 RIVERCHASE GALLERIA

SUITE 500

☐Check if different
than previously
reported. (ACC)

BIRMINGHAM

AL

35244

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00440743

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

02

2010

in the
State of

5. Covering Period

10

14

2010

through

11

22

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Richard L. Sharff, Jr.

Signature of Treasurer

Electronically Filed by Richard L. Sharff, Jr.

Date

11

29

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <div>Y Y Y Y 2010</div>		27846.94
(b) Cash on Hand at Beginning of Reporting Period	19221.37	
(c) Total Receipts (from Line 19)	4214.17	33688.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	23435.54	61535.54
7. Total Disbursements (from Line 31)	1000.00	39100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22435.54	22435.54
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3918.50	27184.50
(ii) Unitemized	292.00	6467.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4210.50	33651.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4210.50	33651.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	3.67	37.10
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4214.17	33688.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4214.17	33688.60

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	39100.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1000.00	39100.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	39100.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	4210.50	33651.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4210.50	33651.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Geoff J. Abbott

Mailing Address 1 South 224 Summitt
Suite 201

City State Zip Code
Oakbrook IL 60181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4773

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10
bi-weekly

B.

Full Name (Last, First, Middle Initial)

Robyn F. Archer

Mailing Address 617 E. 39th South

City State Zip Code
Salt Lake City UT 84107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4774

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10
bi-weekly

C.

Full Name (Last, First, Middle Initial)

Melanie R. Boles

Mailing Address 108 Financial Drive

City State Zip Code
Lexington KY 42701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4775

Amount of Each Receipt this Period

60.00

Payroll deduction - \$20
bi-weekly

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Richard T. Brisson

Mailing Address 2690 Lake Park Drive

City

North Charleston

State

SC

Zip Code

29406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Director of Nursing

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4776

Amount of Each Receipt this Period

45.00

Payroll deduction - \$15
bi-weekly

B.

Full Name (Last, First, Middle Initial)

Sandra K. Bunch

Mailing Address 2890 Dauphin Street

City

Mobile

State

AL

Zip Code

36606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4777

Amount of Each Receipt this Period

75.00

Payroll deduction - \$25
bi-weekly

C.

Full Name (Last, First, Middle Initial)

Vicki Burns

Mailing Address 4005 Dupont Circle

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4778

Amount of Each Receipt this Period

57.00

Payroll deduction - \$19
bi-weekly

SUBTOTAL of Receipts This Page (optional)

177.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Joseph E. Colbert

Mailing Address 3903 Waring Road

City

Oceanside

State

CA

Zip Code

92056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4779

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10
bi-weekly

B.

Full Name (Last, First, Middle Initial)

Kelli Collins

Mailing Address 3812 N. Elm Street

City

Greensboro

State

NC

Zip Code

27455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4780

Amount of Each Receipt this Period

57.00

Payroll deduction - \$19
bi-weekly

C.

Full Name (Last, First, Middle Initial)

Greg Cuniff

Mailing Address 104 Oxford Avenue

City

Clarendon Hills

State

IL

Zip Code

60514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Chief Financial Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4781

Amount of Each Receipt this Period

600.00

Payroll deduction - \$200
bi-weekly

SUBTOTAL of Receipts This Page (optional)

687.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Elizabeth A. Davis

Mailing Address 2056 Aloma Avenue
Suite 200

City State Zip Code
Winter Park FL 32792

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4782

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10
bi-weekly

B.

Full Name (Last, First, Middle Initial)

Ann L. Dugan

Mailing Address 1526 Atwood Avenue
Suite 300

City State Zip Code
Johnson RI 02919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4783

Amount of Each Receipt this Period

75.00

Payroll deduction - \$25
bi-weekly

C.

Full Name (Last, First, Middle Initial)

Viva Elia

Mailing Address 2714 W. Canyon Avenue

City State Zip Code
San Diego CA 92123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation
VP - Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1771.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4784

Amount of Each Receipt this Period

231.00

Payroll deduction - \$77
bi-weekly

SUBTOTAL of Receipts This Page (optional)

336.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Karen S. Fillner

Mailing Address 940 N. 30th Street

City

Bilings

State

MT

Zip Code

59101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
11 / 22 / 2010

Transaction ID: SA11AI.4785

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10
bi-weekly

B.

Full Name (Last, First, Middle Initial)

Diana M. Geoghegan

Mailing Address 28 N. 64th Street

City

Belleville

State

IL

Zip Code

62223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
11 / 22 / 2010

Transaction ID: SA11AI.4786

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10
bi-weekly

C.

Full Name (Last, First, Middle Initial)

Connie J. Harvey

Mailing Address 73 Sandpit Road

City

Danbury

State

CT

Zip Code

06810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
11 / 22 / 2010

Transaction ID: SA11AI.4787

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10
bi-weekly

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jenny M. Hunter

Mailing Address 900 W. Magnolia Avenue
Suite 101

City State Zip Code
Ft. Worth TX 76104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4788

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10
bi-weekly

B.

Full Name (Last, First, Middle Initial)

Steve Hutkai

Mailing Address 3000 Riverchase Galleria
Suite 500

City State Zip Code
Birmingham AL 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4789

Amount of Each Receipt this Period

57.00

Payroll deduction - \$19
bi-weekly

C.

Full Name (Last, First, Middle Initial)

John R. Jones

Mailing Address 4232 Ferncreek Drive

City State Zip Code
Fayetteville NC 28314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.4771

Amount of Each Receipt this Period

250.00

Political contribution -
one time

SUBTOTAL of Receipts This Page (optional)

337.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jenifer A Kimbrough

Mailing Address 3000 Riverchase Galleria, Ste 500

City

Birmingham

State

AL

Zip Code

35244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4790

Amount of Each Receipt this Period

90.00

Payroll deduction - \$30
bi-weekly

B.

Full Name (Last, First, Middle Initial)

Karl B. Klungrseter

Mailing Address 550 S. Beretainer Street
Suite 700

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4791

Amount of Each Receipt this Period

57.00

Payroll deduction - \$19
bi-weekly

C.

Full Name (Last, First, Middle Initial)

Brian Konieczny

Mailing Address 200 Bessemer Road

City

Mt. Pleasant

State

PA

Zip Code

15666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4792

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10
bi-weekly

SUBTOTAL of Receipts This Page (optional)

177.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Richard T. Lewis

Mailing Address 3123 Professional Drive

City

Auburn

State

CA

Zip Code

95603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4794

Amount of Each Receipt this Period

75.00

Payroll deduction - \$25
bi-weekly

B.

Full Name (Last, First, Middle Initial)

James C. Llewellyn

Mailing Address 3000 Riverchase Galleria, Ste 500

City

Birmingham

State

AL

Zip Code

35244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1667.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4796

Amount of Each Receipt this Period

127.00

Payroll deduction - \$25
bi-weekly

C.

Full Name (Last, First, Middle Initial)

Debbie L. Loeffler

Mailing Address 4545 Emerson Expressway

City

Jacksonville

State

FL

Zip Code

32207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4797

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10
bi-weekly

SUBTOTAL of Receipts This Page (optional)

232.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Kristine Lowther

Mailing Address 2040 Harvest Drive

City

Mechanicsburg

State

PA

Zip Code

17055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

VP - Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

11 / 22 / 2010

Transaction ID: SA11AI.4798

Amount of Each Receipt this Period

75.00

Payroll deduction - \$25
bi-weekly

B.

Full Name (Last, First, Middle Initial)

Brian Mathis

Mailing Address 3000 Riverchase Galleria
Suite 500

City

Birmingham

State

AL

Zip Code

35244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

VP Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

11 / 22 / 2010

Transaction ID: SA11AI.4799

Amount of Each Receipt this Period

75.00

Payroll deduction - \$25
bi-weekly

C.

Full Name (Last, First, Middle Initial)

Bryan Olson

Mailing Address 1500 Greystone Parc Circle

City

Birmingham

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

11 / 22 / 2010

Transaction ID: SA11AI.4800

Amount of Each Receipt this Period

75.00

Payroll deduction - \$25
bi-weekly

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 19

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Diane A. Phelps

Mailing Address 614 E. Chestnut Street

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4801

Amount of Each Receipt this Period

60.00

Payroll deduction - \$20
bi-weekly

B.

Full Name (Last, First, Middle Initial)

Holly C. Ramey

Mailing Address 1400 McFarland Blvd., N.

City

Tuscaloosa

State

AL

Zip Code

35406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Region VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4802

Amount of Each Receipt this Period

150.00

Payroll deduction - \$50
bi-weekly

C.

Full Name (Last, First, Middle Initial)

Peggy L. Rhoads

Mailing Address 2001 W. Rosedale Street

City

Ft. Worth

State

TX

Zip Code

76104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4803

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10
bi-weekly

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Joanne Roche

Mailing Address 100 Retreat Avenue
Suite 100

City State Zip Code
Hartford CT 06106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4804

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10
bi-weekly

B.

Full Name (Last, First, Middle Initial)

Larry W. Rodabaugh

Mailing Address 205 Grandview Avenue
Suite 101

City State Zip Code
Camp Hill PA 17011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4805

Amount of Each Receipt this Period

30.00

Payroll deduction - \$10
bi-weekly

C.

Full Name (Last, First, Middle Initial)

Michael A. Rucker

Mailing Address 4800 Hampton Lane

City State Zip Code
Bethesda MD 20814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4485.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4806

Amount of Each Receipt this Period

585.00

Payroll deduction - \$195
bi-weekly

SUBTOTAL of Receipts This Page (optional)

645.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 17 / 19

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Gwenyth L. Schmitz

Mailing Address 20998 Redwood Road

City

Castro Valley

State

CA

Zip Code

04546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4808

Amount of Each Receipt this Period

45.00

Payroll deduction - \$15
bi-weekly

B.

Full Name (Last, First, Middle Initial)

Richard L. Sharff, Jr.

Mailing Address 3000 Riverchase Galleria
Suite 500

City

Birmingham

State

AL

Zip Code

35244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

EVP & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2875.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4809

Amount of Each Receipt this Period

375.00

Payroll deduction - \$125
bi-weekly

C.

Full Name (Last, First, Middle Initial)

Derald W. Smith

Mailing Address 5328 Didesse Drive

City

Baton Rouge

State

LA

Zip Code

70808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4810

Amount of Each Receipt this Period

37.50

Payroll deduction - \$12.50
bi-weekly

SUBTOTAL of Receipts This Page (optional)

457.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Francis G. Socash

Mailing Address 2259 Foxboro Lane

City

Napierville

State

IL

Zip Code

60564

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

VP - Operations

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4811

Amount of Each Receipt this Period

150.00

Payroll deduction - \$50
bi-weekly

B.

Full Name (Last, First, Middle Initial)

Susan Sorg

Mailing Address 330 N Madison Street

City

Joliette

State

IL

Zip Code

60435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4812

Amount of Each Receipt this Period

45.00

Payroll deduction - \$15
bi-weekly

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

3918.50

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RAUL LABRADOR FOR IDAHO

Mailing Address PO Box 1616

City
Boise

State
ID

Zip Code
83701

Purpose of Disbursement
Political contribution

Candidate Name
RAUL RAFAEL LABRADOR

Office Sought: ☒ House
☐ Senate
☐ President

State: ID District: 01

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4767

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00